

Copeland Fire

8/22/20



Fire P-Code: PNNF6R20 (1502)

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Copeland Fire	2. Operational Period: Date From: 08/22/2020 Date To: 08/22/2020 Time From: 0600 Time To: 2200															
3. Objective(s): Fire fighter and public Safety 1. Keep fire east of the 8000 road 2. Limit spread to the north and the South. 3. Keep fire west of Copeland creek.																
4. Operational Period Command Emphasis: Bolder lake road closed to the public. Share fire information with the public to the best of your ability or direct questions/concerns up to your supervisor. Continue to watch for snags, torching, and spotting, and be careful out there!																
General Situational Awareness LCES-Establish and continually evaluate LCES during the day. Take time to gather situational awareness and utilize the risk management process to help determine course of actions. Be prepared for an increase in fire behavior to creeping and potentially torching and spotting. If you see something say something.																
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:																
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> Mobile Map QR</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> Payette Line Supply Order</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input checked="" type="checkbox"/> Daily Agenda, Meal SOP's</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input checked="" type="checkbox"/> Copeland Fire Covid Response Procedures</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Mobile Map QR	<input type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> Payette Line Supply Order	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> Daily Agenda, Meal SOP's	<input checked="" type="checkbox"/> ICS 206		<input checked="" type="checkbox"/> Copeland Fire Covid Response Procedures
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>														
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<input checked="" type="checkbox"/> ICS 206		<input checked="" type="checkbox"/> Copeland Fire Covid Response Procedures														
7. Prepared by: Name: <u>Robert Bailey</u> Position/Title: <u>PSC3</u> Signature: _____																
8. Approved by Incident Commander: Name: <u>Patrick Schon ICT3(t)</u> Signature: _____																
ICS 202	IAP Page _____															
Date/Time: <u>08/21/1800</u>																

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Copeland Fire		2. Operational Period: Date From: 08/22/2020 Date To: 08/22/2020 Time From: 0600 Time To: 2200		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	Eric Messenger ICT3	Chief	Ashleigh D'Antonio	
	Patrick Schon ICT3(t)	Deputy		
Deputy		Staging Area		
Safety Officer	Brad Wagner (208) 446-5834	Branch		
Public Info. Officer	Erin Vonderheit / Roylynn Fox	Branch Director		
Liaison Officer		Deputy		
4. Agency/Organization Representatives:		Division/Group	DIV A Scott Pace	
Agency/Organization	Name	Division/Group		
Agency Administrator	Scott Corkill	Division/Group		
		Division/Group		
		Division/Group		
		Branch		
		Branch Director		
		Deputy		
5. Planning Section:		Division/Group	DIV Z Scott Sievers	DIV Z (t) Tyler Hlawatschek
Chief	Robert Bailey/Jhen Williams	Division/Group		
Deputy		Division/Group		
Resources Unit		Division/Group		
Situation Unit		Division/Group		
Documentation Unit		Branch		
Demobilization Unit		Branch Director		
Technical Specialists		Deputy		
		Division/Group		
		Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief		Division/Group		
Deputy		Air Operations Branch		
Support Branch		Air Ops Branch Dir.		
Base Camp Manager	Shannon Sanders			
Base Camp Manager Trainee	Ruth Ann Luke			
Facilities Unit		8. Finance/Administration Section:		
Ground Support Unit		Chief	Lynda Berckerefeldt	
Service Branch		Deputy		
Director		Time Unit		
Communications Unit		Procurement Unit		
Medical Unit		Comp/Claims Unit		
Food Unit		Cost Unit		
9. Prepared by: Name: <u>Robert Bailey</u> Position/Title: <u>PSC3</u> Signature: _____				
ICS 203	IAP Page _____	Date/Time: <u>08/21/2020 1800</u>		

Copeland

National Weather Service Boise

2020-08-21 5:47 PM MDT

Spot Forecast for Copeland...Payette Dispatch

National Weather Service Boise ID

546 PM MDT Fri Aug 21 2020

Forecast is based on forecast start time of 1800 MDT on August 21.
If conditions become unrepresentative...contact the National Weather Service.

...SLIGHTLY COOLER WITH PERIODS OF GUSTY WIND...

.DISCUSSION...

High pressure remains over the Four Corners region, which will continue the generally southwest flow over the fire for the next couple of days. A few wind gusts remain possible this evening with a slightly tightened pressure gradient noted. Movement of a weak, dry cold front will bring cooler conditions on Saturday, with a returning potential of a few wind gusts during the afternoon. Dry conditions are anticipated until late Monday into Tuesday when the next push of moisture will move over the fire.

.TONIGHT...

Sky/weather.....Clear.
Min temperature.....52 to 57.
Max humidity.....51 to 56 percent.
CWR /0.10 inch/.....0 percent.
LAL.....1.
Wind - eye level....Southwest 4 to 10 mph. Gusts up to 18 mph in the evening. Winds becoming light and variable between 2100 and 2300 when a weak cold front is anticipated to pass through the fire.
Mixing height.....400 ft AGL.
Transport winds.....Northeast around 5 mph.
Haines Index.....3 very low.
Ventilation index...20 poor.

.SATURDAY...

Sky/weather.....Sunny.
Max temperature.....67 to 73.
Min humidity.....32 to 39 percent.
CWR /0.10 inch/.....0 percent.
LAL.....1.
Wind - eye level....North around 5 mph in the morning, shifting to southwest 5 to 10 mph in the afternoon. Gusts to 15 mph possible in the afternoon.
Mixing height.....6500 ft AGL.
Transport winds.....Southwest around 15 mph.
Haines Index.....3 very low.
Ventilation index...975 excellent.

.SATURDAY NIGHT...

Sky/weather.....Clear.
Min temperature.....54 to 59.

Max humidity.....49 to 54 percent.
CWR /0.10 inch/.....0 percent.
LAL.....1.
Wind - eye level....West 3 to 6 mph in the evening, becoming
light and variable after 2200.
Mixing height.....400 ft AGL.
Transport winds.....East around 5 mph.
Haines Index.....3 very low.
Ventilation index...20 poor.

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Forecaster...Branham
Requested by...Ann Nicholson
Type of request...WILDFIRE
.TAG 2011256.5/BOI

DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name				3.				
Copeland Fire				Branch	Division Division A			
2. Operational Period Saturday								
Date/Time From: 08/22/2020 0600		Date/Time To: 08/22/2020 2200						
4. Operations Personnel								
Operations Chief		Ashleigh D'Antonio		Division/Group Supervisor		Scott Pace DIV A		
Branch Director				Air Attack Supervisor				
5. Resources Assigned this Period								
Strike Team/Task Force/ Resource Designator		EMT	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time	
E-1 ID-SIS E-552			8/31		2			
Snowslide		4	9/1	Woods	10			
E-5 Type 4			9/2	Troy Hokanson	3			
E-4 Torch 41			9/2	Tollam	3			
C-2 Patrick			9/1	Dombi	20			
FAL Team				Bennion/McCune	2			
C-6 Silver State			9/4	Kevin Kelly	22			
Twin Peaks			9/5		20			
SOF1			9/4	Brad Wagner	1			
6. Control Operations/Work Assignments:" Anchor above the 8000 rd and secure the right flank.								
7. Special Instructions: Have supply needs in divisions by 1400. Call Operations if dozer work is required on forest service land.								
8. Division/Group Communication Summary								
Function	Channel	RX Frequency N/W		RX Tone/NAC	TX Frequency N/W		TX Tone/NAC	Mode
Command	Sitpa Repeat	RX: 159.4500			TX: 151.3100			
Tactical Div/Group	Sitpa Tac	RX: 159.2250			TX: 159.2250			
Logistics								
Air to Ground	2KA	RX: 166.6125			TX: 166.6125			
9. Prepared by (Resource Unit Leader)				Approved by (Planning Section Chief)		Date	Time	
				Robert Bailey		8/21/2020	1800	

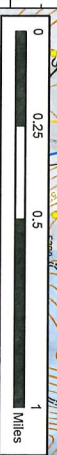
DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF)

Controlled Unclassified Information//Basic

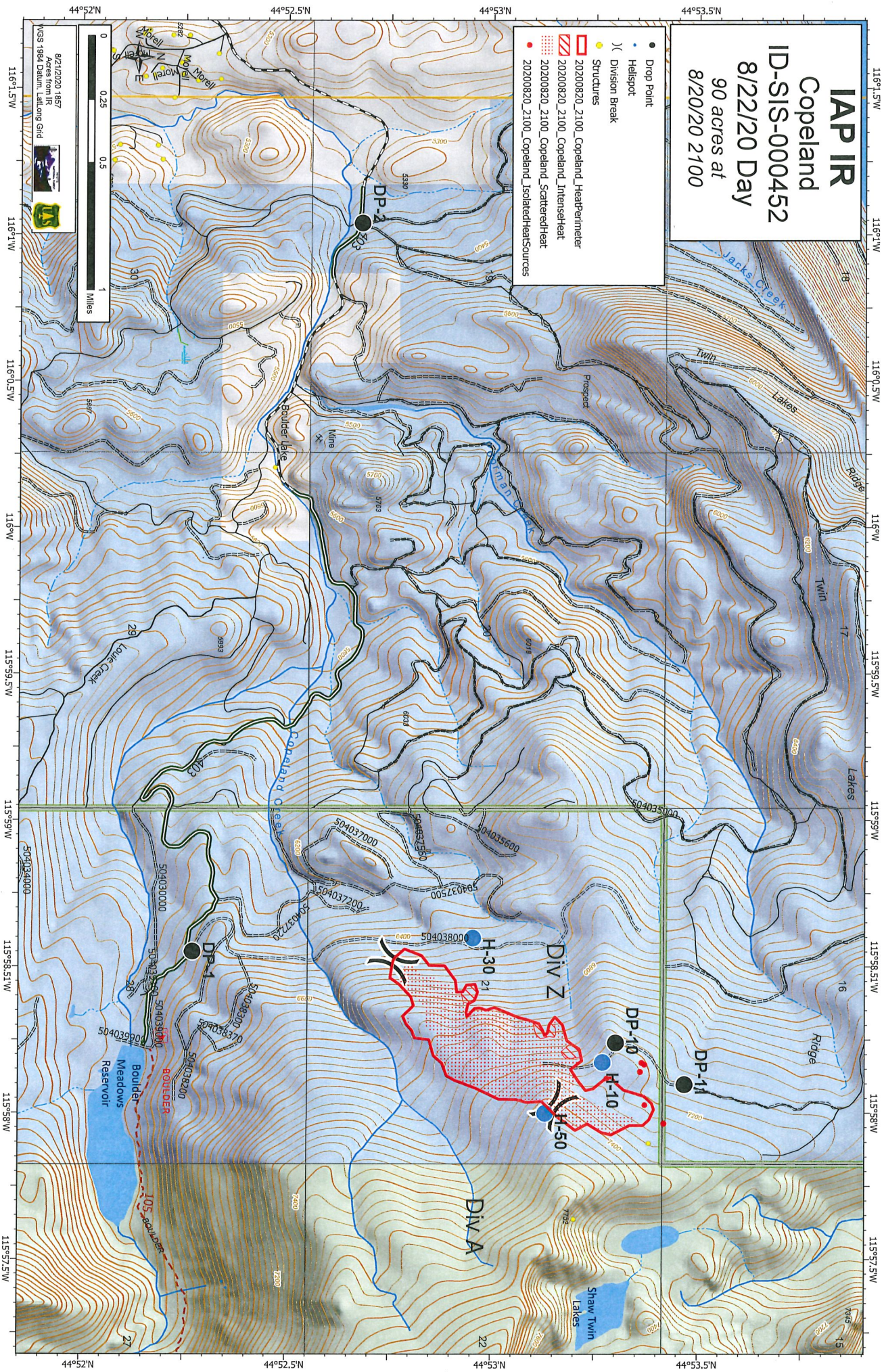
1. Incident Name				3.			
Copeland Fire				Branch	Division Division Z		
2. Operational Period Saturday							
Date/Time From: 08/22/2020 0600		Date/Time To: 08/22/2020 2200					
4. Operations Personnel							
Operations Chief		Ashleigh D'Antonio		Division/Group Supervisor		Scott Sievers DIV Z, Tyler Hlawatschek DIV Z (t)	
Branch Director				Air Attack Supervisor			
5. Resources Assigned this Period							
Strike Team/Task Force/ Resource Designator		EMT	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
E-11 ID-SIS-T30			9/1	Don Huston	1		
E-3 ID-SIS E-555			9/1	Freeman	2		
E-6 WT			9/2	Steven Raddigan	1		
C-1 Pacific Oasis			8/22	Jamal Kwiatkoski	20		
C-3 Alta			9/4	Jesse Trembly	20		
BOF Crew 3			9/4	Gordon Wells	20		
IDL Crew 6			9/1	Byran Durkin	10		
SOF1			9/4	Brad Wagner	1		
6. Control Operations/Work Assignments:"							
Identify and contain spot fires. Secure the fires edge from the heel up the left flank.							
7. Special Instructions:							
Have Supply needs in to Division by 1400. Call Operations if dozer work is required on forest service land.							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W		RX Tone/NAC	TX Frequency N/W		TX Tone/NAC
Command	Sitpa Repeat	RX: 159.4500			TX: 151.3100		
Tactical Div/Group	PAF Tac 2	RX: 167.4250			TX: 167.4250		
Logistics							
Air to Ground	2KA	RX: 166.6125			TX: 166.6125		
9. Prepared by (Resource Unit Leader)				Approved by (Planning Section Chief)		Date	Time
				Robert Bailey		8/21/2020	1800

IAP IR
Copeland
ID-SIS-000452
8/22/20 Day
90 acres at
8/20/20 2100

- Drop Point
- Hellspot
-) Division Break
- Structures
- ▭ 20200820_2100_Copeland_HeatPerimeter
- ▭ 20200820_2100_Copeland_Intersheet
- ▭ 20200820_2100_Copeland_ScatteredHeat
- 20200820_2100_Copeland_IsolatedHeatSources



8/21/2020 1857
 Acres from IR
 VCS 1984 Datum, Lanting Srd



Safety Message

Expected The Unexpected

- No one has ever been burned over by expected fire behavior.
- No one has ever been hit by a snag that fell as expected.
- No one has ever been hit by a rock that rolled when and where expected.
- Vehicle accidents on sharp corners are always with unexpected traffic.

Expect more...think about what could possibly happen...change your actions when appropriate!!

Stay Safe Out There!!

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

1. Incident/Project Name		2. Operational Period							
Copeland Fire		8/22/2020 0600-2200							
3. Ambulance Services									
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS)						
			Yes	No					
McCall Fire & EMS	201 Dienhard Ln McCall, ID 83638	911	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
4. Air Ambulance Services									
Name	Phone	Type of Aircraft & Capability							
Air St. Luke's Medical Transport	(208) 381-8900	Bell 429							
Two Bear Air	(406) 755-4297	Bell 429							
5. Hospitals									
Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Travel Time Air Gnd		Phone	Helipad Yes No		Level of Care Facility	
	Lat:	44 54.797			208-634-2221	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 3 Trauma Center & Rapid Covid Testing	
St Lukes McCall Medical Center 1000 Hwy 55 McCall ID 83632	Long:	116 06.252				<input type="checkbox"/>	<input type="checkbox"/>		
+	VHF:					<input type="checkbox"/>	<input type="checkbox"/>		
	Lat:	44 31.105			208-382-4242	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rapid Covid Testing	
Cascade Medical Center 402 Lake cascade parkway Cascade	Long:	116 2.973				<input type="checkbox"/>	<input type="checkbox"/>		
+	VHF:					<input type="checkbox"/>	<input type="checkbox"/>		
	Lat:	40 46.34			801-581-7724	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1 Trauma Center with a Burn Center	
University of Utah Medical Center 50 N. Medical Dr., Salt Lake	Long:	111 50.24				<input type="checkbox"/>	<input type="checkbox"/>		
+	VHF:					<input type="checkbox"/>	<input type="checkbox"/>		
6. Division Branch Group		Area Location Capability							
H-10	EMS Responders & Capability:								
	Equipment Available on Scene:								
	Medical Emergency Channel:								
	ETA for Ambulance to Scene:								
	Air:								
	Ground:								
	Approved Helispot:		Yes						
	Lat:		44 53.275						
Long:		115 58.167							
H-50	EMS Responders & Capability:								
	Equipment Available on Scene:								
	Medical Emergency Channel:								
	ETA for Ambulance to Scene:								
	Air:								
	Ground:								
	Approved Helispot:		Yes						
	Lat:		44 53.123						
Long:		115 58.003							

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

7. Name & Location	Remote Camp Location(s)		
H-30	Point of Contact:		
	EMS Responders & Capability:		
	Equipment Available on Scene:		
	Medical Emergency Channel:		
	ETA for Ambulance to Scene:		
	Air:		
	Ground:		
	Approved Helispot:	Yes	
	Lat:	44 52.958	
	Long:	115 58.595	
	Point of Contact:		
	EMS Responders & Capability:		
	Equipment Available on Scene:		
	Medical Emergency Channel:		
	ETA for Ambulance to Scene:		
	Air:		
	Ground:		
	Approved Helispot:		
	Lat:		
	Long:		
8. Prepared By (Medical Unit Leader)	9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report					
FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY. FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
Use the following items to communicate situation to communications/dispatch.					
1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) <i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i>					
2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. <i>Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."</i>					
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>				
Nature of Injury or Illness & Mechanism of Injury			<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>		
Transport Request			<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>		
Patient Location			<i>Descriptive Location & Lat. / Long. (WGS84)</i>		
Incident Name			<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>		
On-Scene Incident Commander			<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>		
Patient Care			<i>Name of Care Provider (Ex: EMT Smith)</i>		
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)					
Patient Assessment: See IRPG page 106					
Treatment:					
4. TRANSPORT PLAN: Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:					
Helispot / Extraction Site Size and Hazards:					
5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS: <i>Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extraction</i>					
6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable					
Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					
7. CONTINGENCY: <u>Considerations:</u> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.					
8. ADDITIONAL INFORMATION: Updates/Changes, etc.					
REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.					

Copeland Fire-COVID-19 SCREENING TOOL 2020

Date:

Incident Resource Order Number (A, C, E, O):

How many Personnel are with your module?

Today or in the past 24 hours, have you or anyone on your crew had any of the following symptoms?

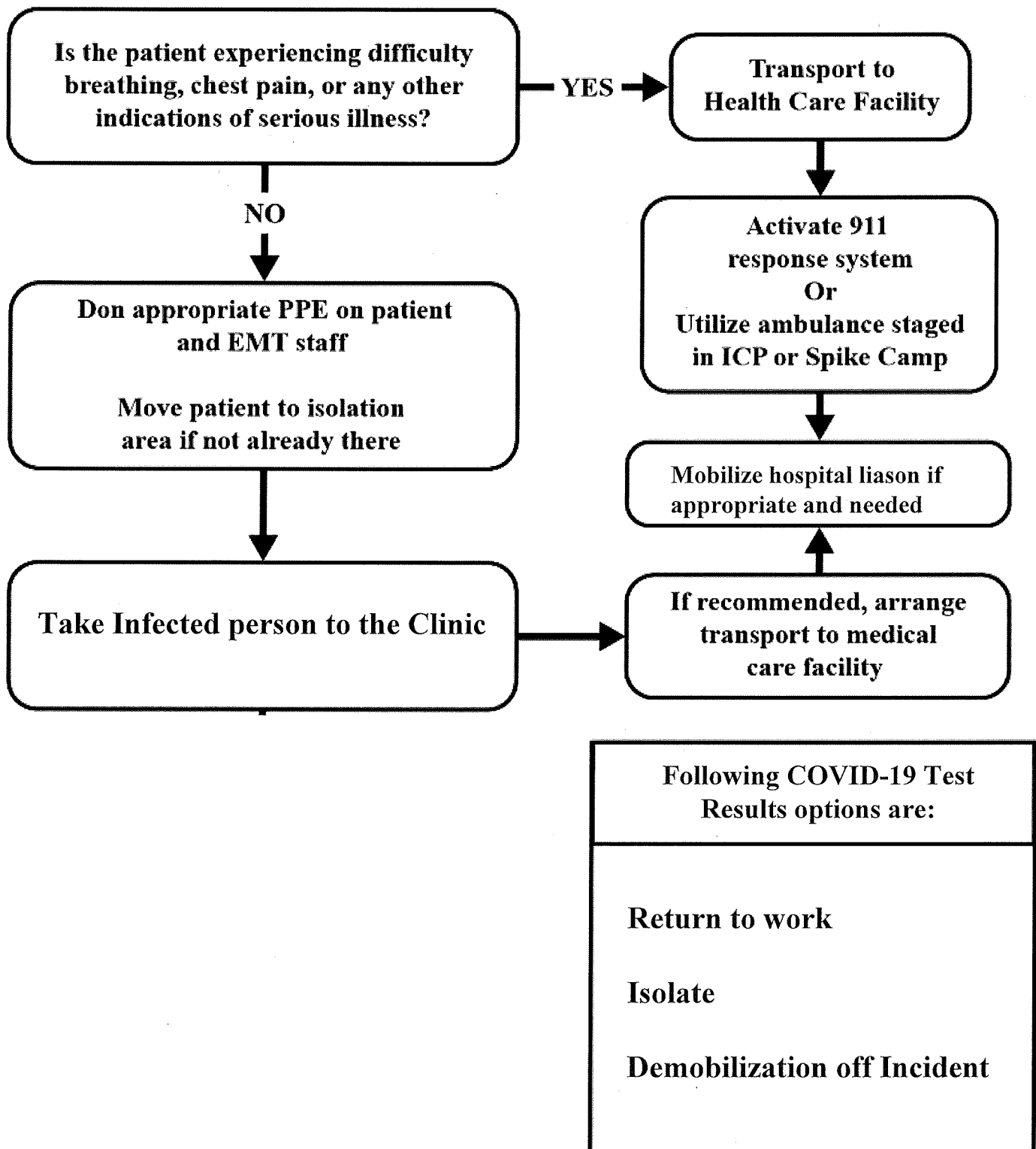
Cough more than expected?

- Shortness of breath or difficulty breathing?**
- Fever greater than 100 degrees? Chills?**
- Muscle pain outside your normal for firefighting?**
- Sore Throat?**
- New loss of taste or smell?**
- Fatigue, outside your normal for firefighting?**
- Headache, outside your normal for firefighting?**
- Congestion or runny nose, outside your normal for firefighting?**
- Nausea or vomiting?**
- Diarrhea?**
- No symptoms**

In the past 14 days, have you or any of your Crew/Module/Group had contact with a person known to be infected with the coronavirus (COVID-19)?

An individual is identified with a possible COVID-19 infection based on the screening tool.

Cough more than expected? Shortness of breath or difficulty breathing? Fever? Chills? Muscle pain outside your normal for firefighting? Sore throat? New loss of taste or smell? Temperature greater than 100.4?



Copeland Fire Covid Response Procedures

How to respond:

- Notify immediate supervisor including Division, if necessary, contact designated first responder.
- Contact the Covid Liaison Andrea Ryan (208)-755-7701
- Refer to the ICS 206 and supporting documentation for guidelines and medical contact information.
- Infected individual's crew will provide transportation to the med unit and clinic.
- Crew with infected individual will stay isolated on fire till test results come back.
- After test results come back, direction will be given to either continue isolation or continue working.

Daily Agenda

0630 - Briefing

0700 - Breakfast and Lunches delivered to DP2

1400 - Supply order due to Divisions

1600 - 204 updates complete

1800 – Planning meeting at DP2

2000 - Dinners arrive at DP2

Meal SOPS

- Meals will be separated for each crew
- Provide 1 or 2 volunteers for meal pickups from DP2
- Return meals to DP2 when done ready for back haul
- Consolidate all trash at DP2 daily for back haul

Lots of Bears in the fire area clean up after yourself, and your camp areas.

GPS Datum: NAD83

GPS Format Example: 116° 05' 50"

PAYETTE LINE SUPPLY ORDER

Date & Time Ordered/Needed		Incident Name		Location for Delivery (Div/LZ/DP/Lat Long)		Mode of delivery (Driven / Helicopter / Para cargo)			
Line Item	NFES #	Item Description	U/I	QTY	Line Item	NFES #	Item Description	U/I	QTY
1	Non-Warehouse	Meals – Breakfasts	EA		31	000148	Kit, Pump Mark III <i>(do you need 32?)</i>	KT	
2	Non-Warehouse	Meals – Lunches	EA		32	003870	Kit-Accessory, Pump, Portable, High Pressure <i>(accessories for Mark III)</i>	KT	
3	Non-Warehouse	Meals – Dinners	EA		33	*	Kit, Pump Hale Fyr	KT	
4	001842	Food, MRE'S (12 in a Box)	BX		34	*	Kit, Pump Shindaiwa	KT	
5	*	Food Box (For 2 people 48 hrs)	EA		35	*	Kit, 1 1/2" Hose Pack	KT	
6	Non-Warehouse	Fresh Food (specify # to feed)	#		36	*	Kit, 1" Hose Pack	KT	
7	000048	Water (5 gal.) FULL / EMPTY	EA		37	*	Kit, 3/4" Hose Pack	KT	
8	Non-Warehouse	Gatorade	CS		38	*	PAF Hose lay	KT	
9	000142	Paper, Toilet	RL		39	*	PAF, Spike Camp	KT	
10	Non-Warehouse	Port a-Potties	EA		40	001048	Sprinkler	KT	
11	Non-Warehouse	Hand wash Stations	EA		41	001143	First Aid, Belt type	KT	

12	000022	Bag, Sleeping-cloth	EA		42	000340	Kit, Chainsaw (20" Bar)	KT	
13	*	Taps/Plastic—specify Type	EA/RL		43	000909	Water Bag Assembly (Full)	EA	
14	000533	Cord, Nylon Shroud	RL		44	000909	Water Bag Assembly (Empty)	EA	
15	000222	Tape, filament (Glass Tape)	RO		45	*	Tank, "Blivet" 72 Gal	EA	
16	000030	Batteries, "AA" – 24/package	PG		46	00661	Tank, Folding, 1000 Gal	EA	
17	*	Batteries – Specify Type	*		47	*	Tank, Collapsible, Specify 1500, 1800, 3000, or 6000 Gal	EA	
18	*	Pre-mixed Gas (Saw/Pump)	*		48	001239	Hose, 1 1/2" X 100'	LG	
19	*	Item Discontinued	*		49	001238	Hose, 1" X 100'	LG	
20	Non-Warehouse	Gas – 5 Gal straight	*		50	001016	Hose, garden 3/4" X 50'	LG	
21	001869	Bar Oil	QT		51	000010	Reducer, 1 1/2"-1"	EA	
22	000341	Oil, 2 cycle	QT		52	000733	Reducer, 1"-3/4"	EA	
23	000345	File, round 7/32", chainsaw	EA		53	000231	Valve, wye gated 1 1/2"	EA	
24	000351	File, Flat 8"	EA		54	000259	Valve, wye gated 1"	EA	
25	000060	File, Flat 10"	EA		55	000904	Valve, wye gated 3/4" (brass)	EA	
26	000021	Bag, garbage 33 Gal	BX		56	000835	Valve, shut off 3/4" (brass)	EA	
27	*	Tool— Type & Amount	EA		57	000731	Tee, hose 1 1/2" X 1"	EA	
28	000105	Fusee, signal device	BX		58	000137	Nozzle, plastic 1 1/2"	EA	
29	000241	Torch, Drip	EA		59	000138	Nozzle, Plastic 1"	EA	
30	Non-Warehouse	Torch, Drip - MIX 5 gal	EA		60	000136	Nozzle, garden 3/4"	EA	
Pulaski Combi McLeod Shovel					Blue or Yellow with Poles				

PAYETTE LINE SUPPLY ORDER continued

1 1/2" Trunk Hose Pack
<i>Comes in 95 lb slingable bag</i>
600' of 1 1/2" Hose
6 - 1 1/2" Gated Wye
6 - 1 1/2" to 1" Reducers
1 - 1 1/2" Adjustable Nozzles
1 - Rucksack

1" Lateral Hose Pack
<i>Comes in 80 lb slingable bag</i>
700' of 1" Hose
7 - 1 1/2" to 1" reducers
7 - 1" Forester Nozzles
2 - 1" to 3/4" Reducers
100' of 3/4" Synthetic Hose
4 - 3/4" Adj. Firemen's Nozzles
1 - Rucksack

3/4" Hose Pack
<i>Comes in 40lb. rucksack</i>
900' of 3/4" Synthetic Hose
9 - 1" to 3/4" Reducers
9 - 3/4" Gated Wyes
12 - 3/4" Inline Ball Valve
12 - 3/4" Adj. Firemen's Nozzles

PAF Extended Attack Hose Lay Kit		
Item	NFES#	Quantity
Hose 1 1/2"	1239	2000'
Valve, 1 1/2" Gated "Y"	0231	20
Reducers, 1 1/2" - 1"	0010	20
Hose 1"	1238	1000'
Nozzle, 1"	0138	10
Reducers, 1" - 3/4"	0733	20
Hose, 3/4"	1016	1500'
Valve 3/4" Gated "Y"	0272	15
Shut off valve 3/4"	0738	15
Nozzle, 3/4"	0136	15
Double Female 1 1/2"	0857	1
Double Male 1 1/2"	0856	1
Valve, 1" Gated "Y"	2059	2

20 Person Spike Camp Kit		
QTY	UI	Description
1	EA	Ice Chest, 48 Quart, with ice
2	EA	Serving utensils: spoons, tongs
1	BX	Matches, Kitchen
1	BX	Cocoa Mix, 24 per box
2	BX	Instant Coffee, 24 per box
12	BX	AA radio batteries
1	RO	Aluminum Foil
1	BX	Sandwich Bags
1	BX	Baggies, Quart Size
1	EA	Hot Can Lid Remover
1	BX	Serving Gloves
12	EA	5 Gallon Cubitainers Drinking Water
6	RO	Toilet Paper
6	CS	MREs
5	RO	Paper Towels
5	RO	Strapping tape
2	EA	Wash Basins
2	BT	Anti-bacterial soap
1	EA	Lantern, Camp with Batteries
1	BX	Heavy Duty Trash Bags

Copeland Mobile Maps QR



ACTIVITY LOG (ICS 214)

1. Incident Name: Copeland Fire		2. Operational Period: Date From: 8/22/20 Date To: 8/22/20 Time From: 0600 Time To: 2200	
3. Name:		4. ICS Position:	
5. Home Agency (and Unit):			
6. Resources Assigned:			
Name	ICS Position	Home Agency (and Unit)	
7. Activity Log:			
Date/Time	Notable Activities		
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 214, Page 1		Date/Time: _____	

